Post Office Box 1521 417 Holcomb Street Springdale, AR 72765-1521 Phone (479) 751-4510 Fax (479) 750-8104

Springdale Fire Department

Memorandum

Employee's Name

CC:	Your Immediate Supervisor
From:	Officer's Name who is Administering Reprimand
Date:	Today's Date
Re:	Oral Reprimand
This memorar	ndum is documentation of an oral reprimand for Employee's Name as a result of your
Actions, Misc	conduct, Behavior, etc. as described in the Rules and Regulations of the Springdale
Civil Service (Commission, Chapter as applicable Section as applicable.
This oral repri	imand is based on the fact that you Specific actions, be as detailed as possible,
including pas	st incidents related to this event and extenuating circumstances as applicable
	cidents of this nature will result in increased disciplinary action including, but not limited to and, suspension, demotion, or discharge.
	imand will become part of your permanent personnel file in accordance with the ivil Service Commission Rules and Regulations; Chapter 8, Section 3: "Oral Reprimand".
Personnel Na	ime
Officer	
Officer's Sup	pervisor

To: